

READ INSTRUCTIONS ON THE NEXT PAGE
TRANSCRIPT ORDER

List on this form all transcript you are ordering from one court reporter.
Use a separate form for each reporter and docket each form separately in the Sixth Circuit ECF database.

District Court Nothern District of Ohio (Cleveland) District Court Docket Number 1:11-CR-70

Short Case Title U.S. v. Persa

Date Notice of Appeal Filed by Clerk of District Court 8/24/11 COA# 11-3948

PART 1 (TO BE COMPLETED BY PARTY ORDERING TRANSCRIPT, THE FORM MUST BE SIGNED WHETHER OR NOT TRANSCRIPT IS ORDERED).

A. Complete one of the following:

- No Hearings
- Transcript is unnecessary for appeal purposes
- Transcript is already on the file in District Court Clerk's Office
- This is to order a transcript of the following proceedings: (specify exact dates of proceedings)

JUDGE MAGISTRATE

HEARING DATE(S)

COURT REPORTER

Pre-trial proceedings McHargh see below D.Bettis

Testimony (specify witnesses) Initial Appearance (01/24/11)

Other (specify) _____

TRANSCRIPT OF THE FOLLOWING PROCEEDINGS WILL BE PROVIDED ONLY IF SPECIALLY AUTHORIZED. SEE ITEM 13 CJA FORM 24

<input type="checkbox"/> Voir Dire	<input type="checkbox"/> Opening statement of plaintiff	<input type="checkbox"/> Opening statement of defendant
<input type="checkbox"/> Jury Instructions	<input type="checkbox"/> Closing argument of plaintiff	<input type="checkbox"/> Closing argument of defendant

FAILURE TO SPECIFY IN ADEQUATE DETAIL THOSE PROCEEDINGS TO BE TRANSCRIBED, OR FAILURE TO MAKE PROMPT SATISFACTORY FINANCIAL ARRANGEMENTS FOR TRANSCRIPT, ARE GROUNDS FOR DISMISSAL OF THE APPEAL.

B. This is to certify that satisfactory financial arrangements have been completed with the court reporter for payment of the cost of the transcript.

This method of payment will be:

- Criminal Justice Act (Attach copy of CJA Form 24)
- Private Funds

Date: 9/15/11

Signature /s/ Robert M. Jensen Print Name Robert Jensen Counsel for Richard Persa

Address 4310 Hunt Road, Cincinnati, Ohio 45242 Telephone (513) 621-4556

**ALLOWANCE BY THE COURT OF LEAVE TO PROCEED IN FORMA PAUPERIS IN A CIVIL APPEAL
DOES NOT ENTITLE THE LITIGANT TO HAVE TRANSCRIPT AT GOVERNMENT EXPENSE.**

PART II. COURT REPORTER ACKNOWLEDGMENT (To be completed by the Court Reporter and forwarded to the Court of Appeals within 10 days after receipt).

Date transcript order received	Estimated completion date; if not within 45 days of the date financial arrangements made, motion for extension to be made to Court of Appeals	Estimated number of pages

Arrangements for payment were made on
Arrangements for payment have not been made pursuant to FRAP (10(b))

Date Signature of Court Reporter Telephone

PART III. NOTIFICATION THAT TRANSCRIPT HAS BEEN FILED IN THE DISTRICT COURT (To be completed by Court Reporter on date of filing transcript in District Court and notification must be forwarded to Court of Appeals on the same date).

This is to certify that the transcript has been completed and filed with the District Court today.

Actual Number of Pages

Actual Number of Volumes

Date Signature of Court Reporter

CJA FORM 24 (one form per court reporter) should be forwarded to the court reporter along with appropriate copy/copies of the transcript order form.

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (Rev. 5/99)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED RICHARD PERSA		VOUCHER NUMBER
3. MAG. DT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:11-CR-70	5. APPEALS DKT./DEF. NUMBER 11-3948	6. OTHER DKT. NUMBER
7. IN CASE/MATTER OF (Case Name) U.S. V. PERSA	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input checked="" type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) CC

11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.

18 USC 2113(A)2; 18 USC 2113(a)

REQUEST AND AUTHORIZATION FOR TRANSCRIPT

12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly)

APPEAL PURSUANT TO THE CRIMINAL JUSTICE ACT

13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14.)

ALL TRANSCRIPTS RELATING TO PRETRIAL MATTERS, GUILTY PLEA AND SENTENCING

14. SPECIAL AUTHORIZATIONS		JUDGE'S INITIALS
A. Apportioned _____ % of transcript with (Give case name and defendant)		
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript		
C. <input checked="" type="checkbox"/> Prosecution Opening Statement <input checked="" type="checkbox"/> Prosecution Argument <input checked="" type="checkbox"/> Prosecution Rebuttal <input checked="" type="checkbox"/> Defense Opening Statement <input checked="" type="checkbox"/> Defense Argument <input checked="" type="checkbox"/> Voir Dire <input checked="" type="checkbox"/> Jury Instructions		
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.		

15. ATTORNEY'S STATEMENT

As the attorney for the person represented who is managed above, I hereby affirm that the transcript requested is necessary for adequate representation. I therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.

Signature of Attorney

9/15/2011
Date**ROBERT M. JENSEN, ESQ.**

Printed Name

Telephone (513) 621-4556

 Panel Attorney Retained Attorney Pro-Se Legal Organization

CLAIM FOR SERVICES

17. COURT REPORTER/TRANSCRIBER STATUS

Official Contract Transcriber Other

18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS

19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE

Telephone (513) 621-4556

20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED	TOTAL
Original						
Copy						
Expense (Itemize)						
						TOTAL AMOUNT CLAIMED:

21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED

I hereby certify that the above claim for services rendered is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services.

Signature of

Date

ATTORNEY CERTIFICATION

22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received.

Signature of Attorney or Clerk

Date

APPROVED FOR PAYMENT - COURT USE ONLY

24. AMOUNT APPROVED

Signature of Judicial Officer or Clerk of Court

Date